Kentucky Department for Medicaid Services

Secretary for Health and Family Services Final Approval from Pharmacy and Therapeutics Advisory Committee

May 26, 2005 Meeting

This chart provides a summary of the approved recommendations that were made by the Secretary for Health and Family Services as a result of the Pharmacy and Therapeutics Advisory Committee meeting of May 26, 2005.

	Description of Recommendation	Final Decision
#1	**Sedative-Hypnotic Clinical Criteria** 1. Ambien ,Sonata, and the benzodiazapines will have a quantity limit of 14 tablets for 14 days. 2. Existing criteria for LTC patients will remain in effect. 3. Lunesta is available by prior authorization until review by Pharmacy and Therapeutics Committee in July 2005.	Recommendations Approved
#2	**Xopenex Clinical Criteria** 1. An electronic step edit will be instituted requiring step therapy with a trial of generic albuterol before approval of Xopenex. 2. Patients currently managed with Xopenex will be allowed to continue their current treatment.	Recommendations Approved
#3	**Colony Stimulating Factors Clinical Criteria** 1. Reduce the duration of prior authorization from 12 months to 6 months.	Tabled
#4	**Triptan Clinical Criteria** 1. The following clinical criteria are recommended when exceeding established quantity limits: • Require a trial of 3 prophylactic agents within the previous year. • If criteria are met, the prescription can be filled up to twice the established quantity limits	Recommendations Approved